

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 30.12.2022Registered in Merimen: 30.12.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : XD 9535J

Claim No. : _____

Name of Insured : TEE ENVIRONMENTAL PTE LTDPolicy No. : SP2002987871

Insured Tel No. : _____ HP: _____

Make / Model : _____

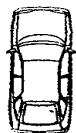
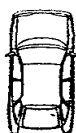
Excess Sec II :S\$ _____ D.O.A : 29/12/2022 09:55Place of Accident : ALONG BRADDELL ROAD

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : LIM WUI HUA

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMT 954M**INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMT 954M - X		XD 9535J - X	STAGE	DATE / PIC
				Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List:	
				Notification ltr (if non-pickup)	☐
				After call ltr to OI:	☐
				Authorisation To Act:	☐
				Release Voucher:	☐
				Final Repair Bill:	☐
				Car Rental Invoice:	☐
				Towing Invoice	☐
				LTA / GIA :	☐
				Medical Bill:	☐
				PIR:	☐
				Mandate/Reject Instruction:	☐
				LOD	☐
				Payment Breakdown Form:	☐
				Post-Repair Photos:	☐
				Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:			
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$	(	days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with		Email ☐	Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$	(	days)		
Loss of Use (LOU):	S\$	(\$	x	days)	
Loss of Income (LOI):	S\$	(\$	x	days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$				
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$	(e.g. Tow/ Independent)			
Legal Cost	S\$	2) Report Format:			
		3) Survey fee:			
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐	Call ☐
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			